

## Form 2 Evaluation Plan and Report - Emotional Disturbance

Student Name: \_\_\_\_\_ File Review Number: \_\_\_\_\_

Supervisory Union: \_\_\_\_\_

School/Placement: \_\_\_\_\_ Child Count #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Case Manager: \_\_\_\_\_

Grade Level: \_\_\_\_ Gender: \_\_\_\_ Review Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reviewer's Initials: \_\_\_\_\_

General File Information:	Yes	No	N/A
Access Log included?	<input type="checkbox"/>	<input type="checkbox"/>	
Educational Surrogate appointed and letter in file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Due Process, Mediation, Administrative Complaints on file?	<input type="checkbox"/>	<input type="checkbox"/>	
Does eligibility decision match Child Count data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the student a drop-out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services offered to the drop-out student?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Check one:** ☐ Date of Evaluation Plan (for record reviews)  
☐ Date of Parental Consent (for new testing situations)  
☐ Date Consent was received in District (if filled in) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date of Report \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Completion of the Final Report exceeded 60 days: Yes ☐ No ☐ # of days \_\_\_\_\_

Appropriate Notice of Delay (exceptional circumstance) documented: Yes ☐ No ☐ N/A ☐

**Comments:**

**Check each box** for the individuals who were involved in the development of the Evaluation Plan:

☐ Parent ☐ Student ☐ LEA Representative  
☐ Special Educator ☐ Classroom Educator ☐ Person to interpret educational implications

**Check each box** for the individuals who initialed their agreement with the Evaluation Report.

☐ Parent ☐ Student ☐ LEA Representative  
☐ Special Educator ☐ Classroom Educator ☐ Person to interpret educational implications

Disability Determination:	Yes	No
Questions were appropriate to determine disability	<input type="checkbox"/>	<input type="checkbox"/>
Answers included documentation that:		
The student's behavior met criteria over a long period of time	<input type="checkbox"/>	<input type="checkbox"/>
The behavior met criteria of being a marked degree	<input type="checkbox"/>	<input type="checkbox"/>
The diagnosis was made by a psychiatrist or psychologist	<input type="checkbox"/>	<input type="checkbox"/>
Team conclusion section was completed.	<input type="checkbox"/>	<input type="checkbox"/>

**Other Disability Area(s) Suspected:**

- ☐ Autism    ☐ Deaf-Blind    ☐ Deaf / Hard of Hearing    ☐ Developmental Delay  
☐ Emotional Disturbance    ☐ Learning Impaired    ☐ Orthopedic Impairment  
☐ Other Health Impairment    ☐ Specific Learning Disability    ☐ Speech/Language Impairment  
☐ Traumatic Brain Injury    ☐ Visual Impairment

**Assessment Areas Evaluated:**

**Appropriate  
Personnel Identified:**

	Yes	No	N/A	Yes	No
<b>Cognitive Testing:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Social/Emotional Testing:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Adaptive Behavior Assessment:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Achievement/ Educational Testing:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Speech/Language Testing:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Motor Skills Testing:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Physical/Health Evaluations:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Functional Behavioral Assessment:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Assessment Area(s):</b>					
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes: \_\_\_\_\_

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## Form 2 Evaluation Plan and Report - Adverse Effect

Questions were appropriate to determine adverse effect? **Yes**  
☐ **No**  
☐

Were at least three of the five adverse effect areas evaluated and found within the lowest 15<sup>th</sup> percentile, lowest 15<sup>th</sup> percent of the class, or 1.0 standard deviation below the mean?

	<b>Yes</b>	<b>No</b>
Standard or percentile scores on an individually administered, nationally-normed achievement test	<input type="checkbox"/>	<input type="checkbox"/>
Grades, or the lack of grades due to refusal to complete assignments	<input type="checkbox"/>	<input type="checkbox"/>
Curriculum-based measures	<input type="checkbox"/>	<input type="checkbox"/>
Criterion-referenced or group administered norm-referenced test(s)	<input type="checkbox"/>	<input type="checkbox"/>
Student work, language samples, or portfolios	<input type="checkbox"/>	<input type="checkbox"/>

Team conclusion section was completed. ☐ ☐

Notes: \_\_\_\_\_

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## Form 2 Evaluation Plan and Report - Need for Special Education

Questions were appropriate to determine the need for special education? **Yes**  
☐ **No**  
☐

Did the team document a need for special education that included that the student required specially-designed instruction which could not be provided within the school standard instructional conditions, as created by the school's comprehensive educational support systems? ☐ ☐

Team conclusion section was completed. ☐ ☐

Notes: \_\_\_\_\_

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### Decision of the Evaluation and Planning Team

	Yes	No	N/A
The final page of Form 2 of the Evaluation Report was completed?	<input type="checkbox"/>	<input type="checkbox"/>	
Disability category was listed accurately based on team decision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If ineligible, reasons were listed and other recommendations and accommodations were made by the EPT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Additional File Information

Does the file show evidence that re-evaluations were conducted within a three year span?

	Yes	No	N/A
____/____/____    ____/____/____    ____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Form 7 Notice of Local Educational Agency Decision

	Yes	No	N/A
If the school has decided not to implement a request, or agree with the decision of the Evaluation and Planning Team, there was documented evidence of written notification to the parent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the notice include the effective date of the decision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Form 8 Transition from Family Infant Toddler Project to Essential Early Education

	Yes	No	N/A
The file contained documentation that a letter on transition was sent to the parents and school six months prior to the child's third birthday.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The file contained documentation that the school participated in a transition meeting for the child that was held at least 90 days prior to the child's third birthday.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the child transitioned from the Family Infant Toddler Program, there is documentation that Form 8 was signed by the parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the date it was received in the District filled in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was an IEP developed at age three for this student transferring from the Family Infant Toddler Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of initial placement in Part C.	____/____/____		
Date of initial placement in Part B.	____/____/____		

Notes: \_\_\_\_\_

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